



**Ambulatory Clinic Policy and Procedure**

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| Title:                | <b>Bioterrorism Readiness Plan</b> | Policy Number:     | <b>2.04</b>    |
|                       |                                    | Version Number     | <b>8</b>       |
| Regulation Reference: | <b>TJC EM.02.01.01</b>             | Effective Date:    | <b>9/2016</b>  |
|                       |                                    | Original Approval: | <b>03/1988</b> |

**POLICY STATEMENT:**

It is the policy of Texas Tech University Health Science Center (TTUHSC) Ambulatory Clinics to provide a tool for a practical and realistic response to a known or suspected bioterrorist event. The goal of this policy is to establish guidelines for a rational and rapid response regarding the planning for and care of casualties of biological agents used as weapons of mass destruction.

**SCOPE:**

This policy applies to all TTUHSC Ambulatory clinics operated through its schools.

**PROCEDURE:**

**1. Definitions:**

- a. Terrorism. A violent act or an act dangerous to human life, an act in violation of the laws of the United States, an act intended to intimidate or coerce a government of the civilian population in regards to the furtherance of political or social objectives.
- b. Weapons of Mass Destruction. Any destructive device including all that are explosive or incendiary, a poisonous gas, bomb, grenade, rocket or missile, any weapon involving a disease organism, any weapon designed to release radiation at levels harmful to human life.
- c. Bioterrorism. The intentional use of biological agents as weapons to kill or injure humans, animals or plants. Biological toxins are organisms that cause disease or disrupt physiological activity. Biological agents may be used as liquid droplets, aerosols, or dry powders.

**2. Recommendations for Any Suspected or Real Bioterrorism Event:**

- a. Healthcare facilities may be the initial site of recognition and response to bioterrorism events. If a bioterrorism exposure/event is suspected, TTUHSC Emergency Operations Plan should be activated including notification of the Infection Control Nurse, Infection Control Committee
- b. Chairman, the Chief Medical Officer, and the affiliated hospital Infection Control Nurse. The designees will determine and organize immediate response and will coordinate/conduct appropriate internal and external notification. Any exposed patients presenting to the HSC and/or any Clinic setting should be taken to the nearest Emergency Room. The ER attending Physician will be the primary triage doctor and the ER charge nurse will designate a nurse to act as the primary triage nurse (see 2.04.A for names and contact numbers).

**3. Guidelines: Contain, Control, and Prevent Further Exposures to Other Patients, Staff, Visitors, and Families:**

- a. Careful but rapid medical evaluation/treatment is our first priority.
- b. Biological agents are generally not transmitted from person to person; thus, re-aerosolization of these agents is unlikely. All patients in healthcare facilities should be managed utilizing Standard Precautions. Standard Precautions are designed to reduce transmission from both recognized and

unrecognized sources of infection. Standard precautions prevent direct contact with all body fluids, secretions, excretions, non-intact skin (including rashes) and mucous membranes.

- c. Hands should be washed after contact with all body fluids, secretions, excretions, non-intact skin (including rashes), and mucous membranes whether or not gloves are worn.
- d. Clean, non-sterile gloves should be worn when touching blood, body fluids, excretions, secretions, or items contaminated with such body fluids. Clean gloves should be put on just before touching mucous membranes and non-intact skin. Gloves should be changed between tasks and between procedures on the same patient if contact occurs with contaminated material. Hands should be washed promptly after removing gloves and before leaving a patient care area.
- e. Mask/Eye Protection: Face and eye protection should be worn while performing procedures and patient care activities that may cause splashes of blood, body fluids, excretions, or secretions.
- f. Gowns should be worn to protect skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, excretions, or secretions. Soiled gowns should be removed promptly and hands should be washed to avoid transfer or microorganisms to other patients and environments.
- g. The transport and movement of patients with bioterrorism-related infections (as with any infectious patient), should be limited to movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within health care facilities.

#### **4. Cleaning, Disinfection, and Sterilization of Equipment and Environment:**

- a. Principles of Standard Precautions should be generally applied for the management of patient care equipment and environmental control.
- b. Routine TTUHSC Environmental Services Department policies and procedures for the cleaning and disinfecting of environmental surfaces, exam tables, and exam room equipment should be followed. This should be coordinated through the Director of Environmental Services and/or their designee.
- c. Facility approved germicidal cleaning agents should be available in patient care areas to use for cleaning spills of contaminated material and disinfecting non-critical equipment.
- d. Used patient care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments.
- e. Patient linen should be handled in accordance with Standard Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other patients, personnel and environments.
- f. Contaminated waste should be sorted and discarded in accordance with federal, state and local regulations (APIC Bioterrorism Task Force and CDC Hospital Infections Program Bioterrorism Working Group, 1999).

#### **5. Handling of Suspicious Packages or Envelopes:**

- a. If a package or envelope appears suspicious, DO NOT OPEN IT.
- b. Do not shake or empty the contents of any suspicious package or envelope.
- c. Do not carry the package or envelope, show it to others or allow others to examine it.
- d. Put the package or envelope in a biohazard bag, on a stable surface; do not sniff, touch, taste, or look closely at it or at any contents which may have spilled.
- e. Alert others in the area about the suspicious package or envelope. Leave the area, close any doors,

and take action to prevent others from entering the area. If possible, shut off the ventilation system.

- f. WASH hands with soap and water to prevent spreading potentially infectious material to face or skin.
- g. Seek additional instructions for exposed or potentially exposed persons.
- h. Notify supervisor and Safety Services Director immediately (Centers for Disease Control and Prevention, 2001).

**APPROVAL AUTHORITY:**

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

**RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

**RIGHT TO CHANGE POLICY:**

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

**CERTIFICATION:**

This policy was approved by the Council of Deans on September 1, 2016.

**ATTACHMENTS:**

[2.04.A – Amarillo – Contact Numbers](#)

[2.04.A – Lubbock – Contact Numbers](#)

[2.04.A – Permian Basin – Contact Numbers](#)

**REFERENCES:**

APIC Bioterrorism Task Force and CDC Hospital Infections Program Bioterrorism Working Group. (1999, April 13). *Bioterrorism Readiness Plan: A Template for Healthcare Facilities*. Retrieved March 24, 2011, from Centers for Disease Control and Prevention: <http://emergency.cdc.gov/bioterrorism/>

Centers for Disease Control and Prevention. (2001, October 26). Update: Investigation of Bioterrorism-Related Anthrax and Interim Guidelines for Exposure Management and Antimicrobial Therapy. *Morbidity and Mortality Weekly Report*, 50(42), 909-919. Retrieved March 24, 2011, from Centers for Disease Control and Prevention: [www.cdc.gov/mmwr/PDF/wk/mm5042.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5042.pdf)